

County: Grant  
 MEMORIAL NURSING HOME  
 205 PARKER ST

Facility ID: 5540

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BOSCOBEL 53805 Phone:(608) 375-6351  
 Operated from 1/1 To 12/31 Days of Operation: 366  
 Operate in Conjunction with Hospital? Yes  
 Number of Beds Set Up and Staffed (12/31/04): 66  
 Total Licensed Bed Capacity (12/31/04): 71  
 Number of Residents on 12/31/04: 65

Ownership: Non-Profit Corporation  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 64

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		23.1
Supp. Home Care-Personal Care	No					1 - 4 Years		53.8
Supp. Home Care-Household Services	No	Developmental Disabilities	4.6	Under 65	3.1	More Than 4 Years		23.1
Day Services	No	Mental Illness (Org./Psy)	35.4	65 - 74	7.7			----
Respite Care	No	Mental Illness (Other)	3.1	75 - 84	29.2			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	47.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	27.7	65 & Over	96.9	-----		
Transportation	No	Cerebrovascular	9.2		-----	RNs		8.9
Referral Service	No	Diabetes	1.5	Gender	%	LPNs		10.8
Other Services	No	Respiratory	6.2		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	12.3	Male	20.0	Aides, & Orderlies		
Mentally Ill	No		----	Female	80.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	2	4.0	141	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2 3.1
Skilled Care	4	100.0	306	45	90.0	122	0	0.0	0	11	100.0	147	0	0.0	0	0	0.0	0	60 92.3
Intermediate	---	---	---	2	4.0	102	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2 3.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Dev. Disabled	---	---	---	1	2.0	178	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1 1.5
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Total	4	100.0		50	100.0		0	0.0		11	100.0		0	0.0		0	0.0	65	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	10.5	Bathing	0.0	76.9	23.1	65
Private Home/With Home Health	2.6	Dressing	15.4	69.2	15.4	65
Other Nursing Homes	34.2	Transferring	38.5	49.2	12.3	65
Acute Care Hospitals	47.4	Toilet Use	30.8	53.8	15.4	65
Psych. Hosp.-MR/DD Facilities	0.0	Eating	69.2	18.5	12.3	65
Rehabilitation Hospitals	0.0	*****				
Other Locations	5.3	Continence		%	Special Treatments	%
Total Number of Admissions	38	Indwelling Or External Catheter	3.1	Receiving Respiratory Care		4.6
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	46.2	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	7.9	Occ/Freq. Incontinent of Bowel	20.0	Receiving Suctioning		0.0
Private Home/With Home Health	7.9			Receiving Ostomy Care		3.1
Other Nursing Homes	0.0	Mobility		Receiving Tube Feeding		3.1
Acute Care Hospitals	28.9	Physically Restrained	0.0	Receiving Mechanically Altered Diets		26.2
Psych. Hosp.-MR/DD Facilities	0.0			Other Resident Characteristics		
Rehabilitation Hospitals	0.0	Skin Care		Have Advance Directives		84.6
Other Locations	0.0	With Pressure Sores	3.1	Medications		
Deaths	55.3	With Rashes	3.1	Receiving Psychoactive Drugs		64.6
Total Number of Discharges						
(Including Deaths)	38					

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Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities						
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	This Facility	Other Hospital-Based Facilities		All Facilities		
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	89.3	91.7	0.97	88.8	1.01	
Current Residents from In-County	89.2	85.3	1.05	77.4	1.15	
Admissions from In-County, Still Residing	39.5	14.1	2.81	19.4	2.03	
Admissions/Average Daily Census	59.4	213.7	0.28	146.5	0.41	
Discharges/Average Daily Census	59.4	214.9	0.28	148.0	0.40	
Discharges To Private Residence/Average Daily Census	9.4	119.8	0.08	66.9	0.14	
Residents Receiving Skilled Care	95.4	96.2	0.99	89.9	1.06	
Residents Aged 65 and Older	96.9	90.7	1.07	87.9	1.10	
Title 19 (Medicaid) Funded Residents	76.9	66.8	1.15	66.1	1.16	
Private Pay Funded Residents	16.9	22.6	0.75	20.6	0.82	
Developmentally Disabled Residents	4.6	1.4	3.37	6.0	0.76	
Mentally Ill Residents	38.5	32.7	1.18	33.6	1.14	
General Medical Service Residents	12.3	22.0	0.56	21.1	0.58	
Impaired ADL (Mean)*	42.8	49.1	0.87	49.4	0.87	
Psychological Problems	64.6	53.5	1.21	57.7	1.12	
Nursing Care Required (Mean)*	5.4	7.4	0.73	7.4	0.72	